

City of Duluth

To:

From:

CC: Employee Benefits Administrator

Employee Physician

Date:

Re: Fitness for Duty Appointment Notification

Dear

Because of your recent absence(s) due to medical reasons, I am concerned about your ability to perform the essential functions of your position. According to your collective bargaining unit agreement, you must submit to a medical examination, paid for by the City of Duluth, to determine your fitness to perform the tasks of your employment or to attend work. Please be aware that the doctor will report only medical information relevant to the fitness for duty information request.

Your fitness for duty examination is scheduled with Dr. _____ as follows:

Date:

Time:

Location:

You must obtain your medical records related to _____ (medical condition) as checked below, and deliver them in person to the location shown above at least two days before your scheduled exam.

___ Any and all medical records from these dates: _____ to _____

___ Physician notes

___ X-ray / Diagnostic reports

___ Laboratory reports

___ Medical records relating to a specific injury or diagnosis as shown below:

Type and date of injury/diagnosis: _____

Please feel free to contact me to discuss any questions you may have.

Sincerely,